



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DEARBORN COUNTY HOSPITAL

City of Hospital: Lawrenceburg

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$66716021
Outpatient Patient Service Revenue	\$120391244
Total Gross Patient Service Revenue	\$187107265

2. Deductions From Revenue

Contractual Allowance	\$99202976
Other Deductions	\$2200524
Total Deductions	\$101403500

3. Total Operating Revenue

Net Patient Service Revenue	\$85703765
Other Operating Revenue	\$2010827
Total Operating Revenue	\$87714592

4. Operating Expenses

Salaries and Wages	\$31465378	Employee Benefits	\$11128823
Depreciation and Amortization	\$6121245	Interest Expense	\$381418
Bad Debt	\$8589333	Other Expenses	\$28737901
Total Operating Expenses	\$86424098		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1290494	Total Assets	\$123842495
Net Non-operating Gains over Loss	\$3323259	Total Liabilities	\$35642435
Total Net Gains	\$4613753		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$82602826	\$54192323	\$28410503
Medicaid	\$21363278	\$15463283	\$5899995
Other Government	\$1537258	\$1199061	\$338197
Other State	\$0	\$0	\$0
Other Payers	\$81603903	\$28348309	\$53255594
Total	\$187107265	\$99202976	\$87904289

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$151812	\$10244	\$141568

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$59740	\$-59740
Hospital Patients	\$0	\$6209	\$-6209
Community Education	\$4475	\$37830	\$-33355

Number of Medical Professionals Trained	61
Number of Hospital Patients Educated	35088
Number of Citizens Exposed to Health Education Messages	97573

Statement Six: Charity Statement

Hospital Charity Charges	\$2200524
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1205000	
HCI Payments	\$0		
Subtotal	\$0	\$1205000	\$-1205000
Medicaid Shortfalls	\$2989702	\$6920299	
Subtotal	\$2989702	\$8125299	\$-5135597
DSH Payments	\$709,528		
Subtotal	\$3699230	\$8125299	\$-4426069
Medicare Shortfalls	\$21549884	\$27345162	
Other Government Programs	\$0	\$0	
Total	\$25249114	\$35470461	\$-10221347

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$16210	\$56179	\$-39969
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$20820	\$-20820